

STATE OF NEW JERSEY, ACCIDENT BLANK

Report every accident, no matter how small, and in case of fatal accident or serious injury, telephone or telegraph at once, giving date of inquest, if any. A compensable occupational disease is to be considered an accident.

This report of accident or occupational disease is to be prepared in TRIPLICATE. The original is to be sent to the Department of Labor, Bureau of Industrial Statistics, State House, Trenton, N. J. Carbon copy will not serve. Triplicate copy is to be kept on file by the employer. Duplicate copy is to be sent to

THE EMPLOYERS' LIABILITY ASSURANCE CORPORATION, LTD.

1180 Raymond Boulevard - Raymond-Commerce Building

Newark, N. J.

FORM "C". First notice of Accident. For use by insuring employers.

Newark Eagles Baseball Club
(Name of Employer)71 Crawford St.
(Street Address)Newark N. Jersey
(City or Town)Professional Baseball
(Business)

Date report received

Leave this line blank

1. State fully how accident occurred

running to first base after hitting
the ball, spikes caught in the ground
and twisted the ankle.

2. Exact part of person injured, with nature and extent of injury

ankle twisted

Was amputation necessary?

12. Give probable period of disability

13. Was medical attention necessary? **yes**

14. Name and address of attending physician

Dr. Leroy Morris Trenton N.J.

15. If sent to hospital, state name and location

16. Exact location of accident. If away from plant, give town,
street and numberGriffith Stadium
Washington DC.

Date of preparing this blank

May 24

1943

Before detaching, fill in on FORM "D" names, date of accident, and mail seven days after.
If employee has resumed work at time of reporting, do not detach.

Date of Accident

4 Number
of Month Wilmore Williams25 Day of
Month (Name of Injured Employee)1943 Year Newark N. Jersey
(City or Town)3PM A. M. ballplayer Negro
P. M. (Occupation) 4. (Nationality)

5. Sex male 6. Age 24 7. Married yes

8. Give name of machine or appliance involved

9. Indicate kind of work done on this machine

10. Name distinct part of machine causing injury

11. Was any guard protecting this portion of the machine?

17. Were the wages fixed by the output?

18. If the wages were fixed by the hour, state RATE per hour

19. Give number of HOURS in ordinary day

20. Give number of DAYS in ordinary working week

21. State the amount of weekly WAGES

Made out by